



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address:

GULF COAST MEDICAL EVALUATIONS
1805 NORTHERN DRIVE
LEAGUE CITY, TX 77573

MFDR Tracking #: M4-11-0221-01

DW

Inju

Respondent Name and Box #:

NEW HAMPSHIRE INSURANCE CO
Box #: 19

Dat

Em

Insu

PART II: REQUESTOR'S POSITION SUMMARY

The Requestor did not submit a position summary in accordance with rule §133.307.

Amount in Dispute: \$2,061.54

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier did not reimburse the \$2,061.54 billed for this date of service. I have enclosed the EOB which shows the denial being "The rendering provider is not eligible to perform the service billed". The bill shows the services were provided by Lawrence Wayne Parks, D.C. The requestor furnished documents to show that the services were actually performed by Demetris Green, MD.; however the bill still shows Lawrence Wayne Parks D.C.' did the EMG. The carrier can not process the bill until the documentation showing who performed the service corresponds with the Physician or Supplier name required in box 31 of the bill – otherwise the DWC will impose a hefty penalty on the carrier. Even though it may be obvious who performed the EMG, to comply with DWC Rules and Guidelines, the requestor needs to submit a bill with the name of the person that provided the services on 02/24/10 in box 31 of the bill in order that the bill can be processed".

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
2/24/10	95903	N/A	\$748.64	\$0.00
2/24/10	95904	N/A	\$598.00	\$0.00
2/24/10	95934	N/A	\$200.20	\$0.00
2/24/10	95861	N/A	\$314.70	\$0.00
2/24/10	99244-25	N/A	\$200.00	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §134.203 sets out the medical fee guidelines for professional services rendered on or after March 1, 2008.
3. 28 Tex. Admin. Code §133.20 sets out the guidelines for medical bill submission by a healthcare provider.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 3/19/2010

- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
- 97 – Payment is included in the allowance for another service/procedure.
- This surgeon's name does not appear on operative report/records received.

Explanation of benefits dated 7/13/2010

- 185 – The rendering provider is not eligible to perform service billed.
- W1 – Workers compensation state fee schedule adjustment.
- Our position remains the same if you disagree with our decision please contact the TWCC Medical Dispute Resolution
- This surgeon's name does not appear on operative report/records received.

Explanation of benefits dated 8/5/2010

- 185 – The rendering provider is not eligible to perform the service billed.
- W1 – Workers compensation state fee schedule adjustment.
- Our position remains the same if you disagree with our decision please contact the TWCC Medical Dispute Resolution.
- This surgeon's name does not appear on operative report/records received.

Issues

1. Did the healthcare provider who provided the services submit it's own bill?
2. Is CPT code 99244 a valid Medicare code on the date the service was rendered?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to rule §133.20(d) The health care provider that provided the health care shall submit its own bill. The medical documentation submitted supports that Demetris A. Green, M.D. rendered the service. The bill submitted in this dispute supports that Lawrence Wayne Parks, DC is billing for the services rendered. Therefore, the bill was not submitted in accordance with rule §133.20.
2. Also, the Requestor billed CPT code 99244. Pursuant to rule §134.203(b)(1) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. Effective January 1, 2010 Medicare no longer considers CPT code 99244 a valid code and directs physicians to use the evaluation and management (E&M) codes. Therefore, reimbursement for the services in dispute is not recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.


Authorized Signatory


Medical Fee Dispute Resolution Officer

10/27/10
Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).



Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

